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*Contribution of Psychology to
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in the WHO Regional Office for Europe
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CONTRIBUTION OF PSYCHOLOGY TO PROGRAMME DEVELOPMENT
IN THE WHO REGIONAL OFFICE FOR EUROPE

Report on a Consultation

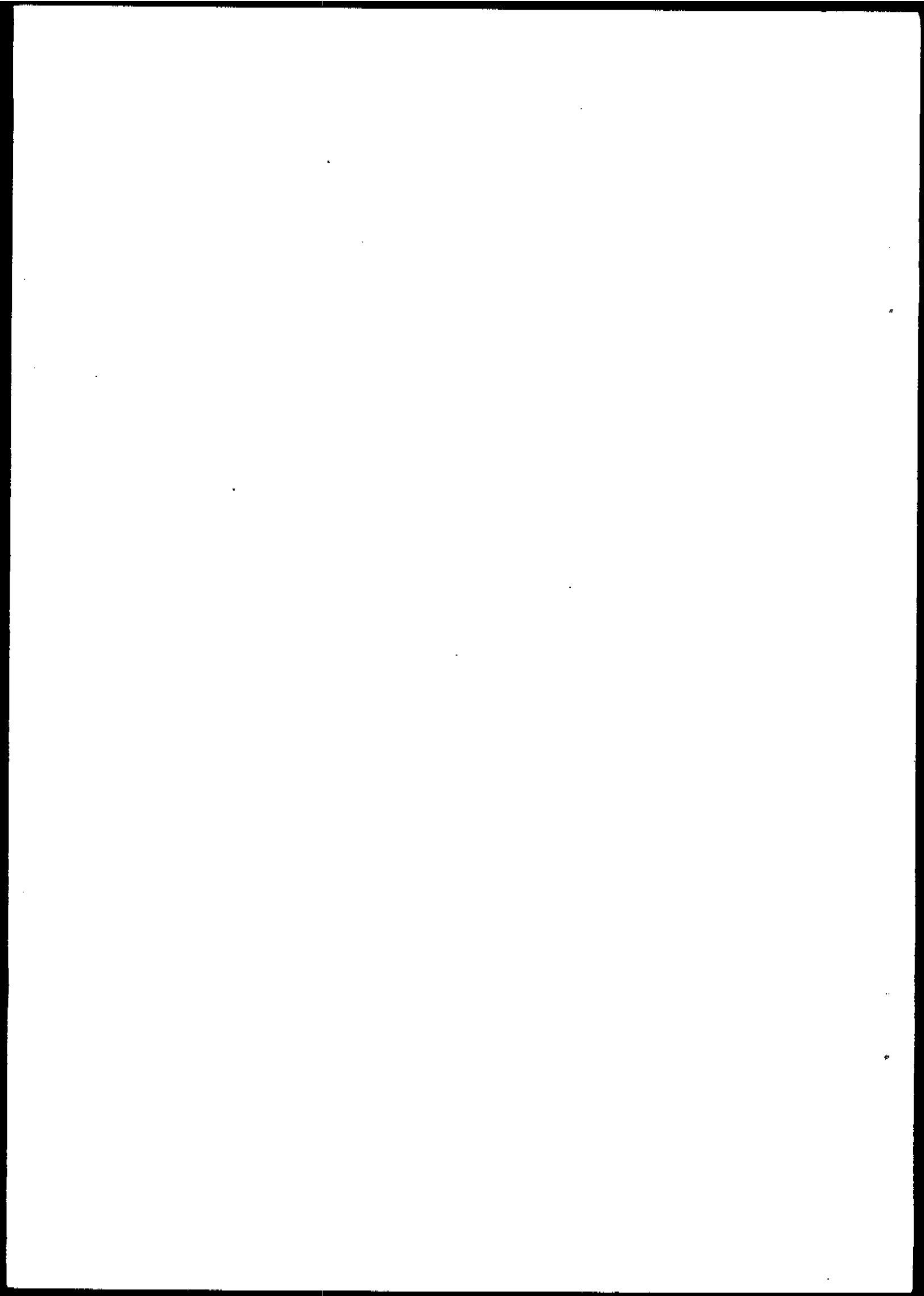
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1. Introduction

The Consultation was organized by the WHO Regional Office for Europe in collaboration with the European Federation of Professional Psychologists Associations (EPPPA) to consider the contribution that psychology might make to programme development in the WHO Regional Office for Europe. In particular, the Consultation was intended to provide an opportunity for exchange of information between the Regional Office and EPPPA on constitutional matters, programme policies, objectives, planning and implementation. The meeting was also intended to consider how best to advance the contribution of psychology to the regional strategy for health for all, to the medium-term programmes of the Regional Office, and to policy and research development in the Regional Office.

The intention was less to discuss the details of specific programmes than to make progress towards identifying the types of contribution that psychologists might make, the programmes in which psychologists could potentially be involved and the possible ways in which any such contribution might be organized. The participants were therefore particularly concerned to specify the unique contributions both of a psychological perspective and of psychological methods, and to consider the relevance of the entire range of applied psychology, and not only clinical psychology. There was an awareness of the importance of identifying potential obstacles and limitations to an effective psychological contribution, as well as the potential advantages and benefits.

It was also intended that the Consultation would enable the history, structure, functions and aims of EPPPA to be described, and possible ways be considered in which EPPPA might establish effective collaboration with the Regional Office.

The participants (see Annex 1) were selected professional psychologists working in the Region in the fields of clinical, occupational and health psychology, as well as representatives of EPPPA, and the Regional Office.

Dr J.H. Henderson, Regional Officer for Mental Health, welcomed the participants, outlined the main themes for discussion, and recalled that the Consultation had arisen out of informal discussions between himself and the President of EPPPA. These discussions had established that, despite the obvious relevance of psychology to much of the work of the Regional Office, with some notable exceptions psychologists were making little contribution to the development and implementation of the regional strategy and of other programmes within the Region. Often this was because the relevant WHO officers were unaware of the potential contribution of psychology, or because of difficulty in identifying psychologists with the necessary knowledge and sapiential authority. At the same time, professional psychologists practising and conducting research in the Region in the relevant fields of health, clinical, occupational and educational psychology were largely unaware of the policies and programmes of the Regional Office. Successful implementation of the regional strategy would in part depend on the active support and cooperation of these individual practitioners and research workers. The various national associations of professional psychologists also had a vital role in informing and influencing their members and in collaborating with one another, and with other nongovernmental organizations, in initiating and implementing programmes designed to further the aims of the Regional Office, particularly those connected with the regional strategy. It was hoped that the Consultation would stimulate psychologists not only to explore in more detail their contribution to those aspects of the strategy and specific programmes that would be discussed in the course of the meeting, but also to consider how they might contribute more generally to the strategy and to other programmes and activities of the Regional Office to which a psychological perspective might be relevant.

2. The functions and structure of WHO

The participants were then introduced to the activities and organization of the World Health Organization and its Regional Office for Europe. The WHO Constitution states that it has a leadership role in promoting health, which is defined as being not merely the absence of disease and disability but a state of physical, mental and social wellbeing; it is thus a positive condition, involving the whole person in the context of his or her life.

The expression of this role normally involves WHO in a variety of activities, including: facilitating technical cooperation among Member States; promoting and supporting research and development; promoting appropriate managerial processes for national health development; fostering manpower development; and using its influence to strengthen both international coordination within the health sector and intersectoral action for health at the international level. Over the next few years, WHO will be particularly concerned with implementing and monitoring the global and regional strategies for health for all, and will thus endeavour to ensure that knowledge relevant to the strategies will be generated and disseminated among Member States,

and that individuals and groups whose cooperation will further the success of the strategies will be identified and mobilized. It was confirmed that the resources of WHO are intended to support and develop rather than to supplement national initiatives, and that the financial, human and material resources used in any programme will primarily be those of the country itself. While in some regions WHO might provide the major funds for a programme, this is unlikely to happen in the European Region, which has a relatively small budget (6% of the total) and where the 32 Member States are for the most part wealthy and highly developed.

The structure of WHO was outlined, and attention was drawn to the role of the World Health Assembly, comprising all Member States, in determining the overall policy of WHO, and of the Executive Board of health experts in advising the Assembly. Within each of the six regions into which WHO is divided, the Regional Committee of representatives of Member States is responsible for formulating policies relevant to the Region. Attention was also drawn to the role, within the European Region, of the European Advisory Committee for Medical Research in advising the Regional Committee on matters to do with biomedical and health services research, and of the Regional Health Development Advisory Council, comprising nominees of Member States, disciplines and sectors, in advising on service development.

3. The European Federation of Professional Psychologists Associations (EFPPA)

Dr F.M. McPherson, President of EFPPA, welcomed the opportunity that the Consultation provided to make professional psychologists in Europe aware of the important policies and programmes of the WHO Regional Office, and to consider the relevance of these to their own practice and research. The Executive Committee of EFPPA attached particular importance to the involvement of psychologists in the work of the Regional Office, and anticipated that EFPPA would provide the necessary framework to facilitate that involvement. He then described the history, aims, structure and functions of EFPPA.

3.1 History

The Federation was founded on 12 September 1981 in Heidelberg, at which meeting the protocol incorporating the Statutes was signed by representatives of 12 national associations of professional psychologists. Prior to this founding meeting, representatives of national associations had met on four previous occasions over a three-year period to consider proposals for a European federation. The first General Assembly of EFPPA was held in Heidelberg on 13 September 1981, at which an Interim Executive Committee was elected, and charged with planning the official registration of EFPPA in Luxembourg, making the necessary financial arrangements, and organizing the Second General Assembly. This was held in Edinburgh on 25 July 1982 and was attended by representatives of 14 member associations and observers representing 4 other associations; at this meeting the first Executive Committee was elected, and an outline programme of activities up to the Third General Assembly in 1984 was agreed on.

3.2 Membership

EFPPA is a federation of national associations of professional psychologists. The Statutes (Article 2) define an association as a national or multinational organization of psychologists, which exists to promote the application of psychology and the professional status of psychologists. According to Article 2 psychologists are those who are entitled, through legal registration, to call themselves psychologists and to practise professionally as such. In countries where there is no legal registration of psychologists, a psychologist is one who has a university or equivalent qualification, who is recognized by the relevant association, and who fulfils the conditions for professional status prescribed by that association. An association in a European country is eligible for membership of EFPPA provided that (a) only one association within any one country is eligible, (b) the statutes and rules of that association are not in conflict with the aims of EFPPA, and (c) the association has paid the fees prescribed. Although some differences exist among national associations, in general they are concerned with the practice of psychology, particularly (though not exclusively) in applied settings, and with the training and research associated with such practice. The psychologists belonging to these national associations therefore include academic and research psychologists as well as practitioners.

3.3 Aims

In accordance with the Statutes (Article 3) the aims are:

- to promote communication among member associations in Europe and to contribute to their development;

- to further among psychologists' associations the establishment of ethical codes of practice, and to promote the application of psychology to assist in the relief of distress and the wellbeing of those to whom psychology offers a service;
- to promote the aims of psychology and its application, with particular reference to professional training and the furtherance of the professional status of psychologists;
- to support the interests of psychology and its application in relation to all European international organizations concerned with specifying requirements for the practice of applied psychology, and to promote the recognition of the right of each member association to present the interests of psychology within its own country; and
- to facilitate contact with international bodies of relevance to psychology.

The only European organization of professional psychologists' associations, EFPPA was founded in response to the perceived need for European cooperation over a wide range of issues, such as professional education and standards of practice, programmes in the fields of health and employment, and applied research. EFPPA is not related to any political organization or grouping, and it is intended that its policies and activities should reflect fully the social, cultural and political diversity of Europe, and should work in the interests of the public at large as well as of those of professional psychology and psychologists.

3.4 Finance and direction

Member associations pay an admission fee, fixed by EFPPA's General Assembly, and an annual subscription, the amounts being proportional to the membership of the association. The headquarters of EFPPA are in the offices of the Nederlands Instituut van Psychologen (NIP) in Amsterdam, whose secretarial and financial facilities are available to the Federation. Although EFPPA has no permanent staff, the secretary/treasurer is the full-time Director-Secretary of NIP. In addition, the six members of the elected Executive Committee each devote a significant amount of time to EFPPA affairs. As a federation, EFPPA is of course able to call on the financial material and human resources of its member national associations, the majority of which are substantial and well established organizations.

EFPPA has an Executive Committee consisting of a chairman who is the President of EFPPA, a secretary who is the General Secretary of EFPPA, the treasurer of EFPPA, and up to three elected members. The members of the Executive Committee serve for a term of four years, and are eligible for re-election for one further term. Each association may have only one member on the Executive Committee. Final authority within EFPPA rests with the General Assembly, which consists of the delegates of member associations, and which meets every two years. Between meetings of the General Assembly the Executive Committee is responsible for the management of EFPPA, and for the observance of the Statutes and Rules.

3.5 Member associations

Current membership comprises the associations of 16 countries: Austria, Belgium, Denmark, Finland, the Federal Republic of Germany, Iceland, Italy, Liechtenstein, Luxembourg, the Netherlands, Norway, Poland, Portugal, Sweden, Switzerland and the United Kingdom. These have a total membership in excess of 30 000 professional psychologists. In addition, several other associations, including those of France, Greece, Spain and several Eastern European countries, have indicated their intention of applying for membership or are considering doing so.

3.6 Past activities

Activities undertaken by EFPPA during the period 1982-1984 included the following.

Collection and exchange of information. Because a crucial role is envisaged for EFPPA in initiating and facilitating the exchange of information about professional psychology among member associations and other bodies, a survey was carried out, and published in 1983, of professional psychology in all European countries, covering areas such as the professional and legal status of psychology, methods and standards of training, and ethical standards and codes. Also, EFPPA arranged for member and non-member associations to exchange information about new developments in professional psychology and existing and proposed ethical codes. EFPPA also publishes a regular newsletter.

Harmonization of standards and practices. A long-term objective of EFPPA is to reduce differences among member countries in the methods and standards of training, and of professional

practice, of psychologists. In pursuit of this objective, EFPPA is sponsoring a conference of experts to examine the nature and extent of existing differences and to consider alternative strategies for their reduction.

Provision of expert advice. It is hoped that EFPPA will provide a vehicle for ensuring that expert advice is available to relevant intergovernmental and nongovernmental bodies on matters relating to psychology. Hence, in addition to its contacts with the WHO Regional Office for Europe, EFPPA is in the process of establishing links with a variety of other bodies with the aim of exploring the possible basis of future collaboration. These bodies include UNESCO, the Council of Europe, the Council for Mutual Economic Aid, the European Community, the International Council of Scientific Unions, the International Social Services Council, the International Union of Psychological Science and the World Psychiatric Association. EFPPA is also in the process of drawing up lists of psychologists, expert in different branches of applied professional psychology and nominated by their member associations, who would be willing to be consulted on matters to do with research or professional practice; these lists will be available on request to those bodies with which EFPPA has established formal relations.

Future plans. Beyond 1984, EFPPA hopes to develop and extend the types of activity already initiated. In connection with research, EFPPA will have two roles, (a) to ensure that there is a significant input by psychology into international research programmes, and (b) to identify areas in which applicable research is required, i.e. research that will help professional psychologists to do their jobs more effectively, and to encourage such research. In connection with legislation, EFPPA hopes to advise international bodies such as the European Community on regulations affecting several countries, to assist member associations in their efforts to develop legal recognition and status, and to ensure that legislation in one country does not lead to standards and regulations that are incompatible with those in other countries. Concerning ethics and standards of practice, EFPPA hopes initially to guide its member associations towards agreement about minimum standards, while in the longer term EFPPA hopes to obtain agreements about what constitutes good practice. EFPPA is interested in the training of professional psychologists, with regard both to exchanging ideas so as to identify and encourage good practice in training, and eventually to obtaining agreements about what should comprise the "core content" of professional training within Europe. EFPPA also hopes to facilitate the development of post-qualification training, the training that professional psychologists undertake throughout their careers to update knowledge and skills. EFPPA has a particular role here because the initial training of professional psychologists is inevitably affected by the strengths and weaknesses of the country in which they are trained, which in turn reflect the scientific and cultural traditions, and the current economic and political circumstances, of that country. EFPPA can help to identify these strengths and weaknesses and, by promoting exchanges of colleagues and international training programmes, can ensure that all European professional psychologists are exposed to the highest standards of knowledge and skills throughout the entire range of their discipline.

4. Regional strategy for attaining health for all by the year 2000

Dr Henderson then guided the participants through document EUR/RC30/8 Rev. 2, which sets out the regional strategy for achieving the social target, agreed by the Thirtieth World Health Assembly in May 1977, of the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life (resolution WHA30.43). It was noted that the document, which was based on contributions received from 25 countries and on the first meeting of the Regional Health Development Advisory Council, should be considered as a draft that will need further refinement, particularly in the definition of precise targets and plans of action.

A review of the achievements and failures of the health services of the European Region over the past 30 years shows that there has been considerable progress in raising health standards in the Region, as illustrated by the virtual eradication of the major infectious diseases in the richer countries and by significant reductions in infant and maternal mortality in the poorer countries. However, important problems remain: health services are poorly distributed both between and within countries in the Region; health investment has tended to concentrate on the diagnosis and treatment of diseases and disorders rather than on their prevention, and on secondary and tertiary, rather than on primary, health care; diseases of affluence, associated with cigarette smoking, alcohol abuse, etc. continue to increase in all countries, including the less wealthy; and the significance for health of policies in many other sectors, such as agriculture, transport, education and the environment, has not been sufficiently appreciated.

Against this background, the European regional strategy has as its declared intention the reorientation of the health services of the Region so that existing services can be provided in more cost-effective ways, thus releasing the resources necessary if deficiencies in services are to be overcome. The Declaration of Alma-Ata of 1978, endorsed by the World Health Assembly in May 1979

(resolution WHA32.80), declared that central to this reorientation, and to the attainment of the goal of health for all, is primary health care. An organized system of primary health care must: be built on the principle of community participation; be staffed by a multidisciplinary team; serve as a first point of contact to the national health system; be supported by an effective referral system; prevent diseases, promote health, care and rehabilitate; maintain a continuity of relationship with every member of the population it serves; reach out into all homes and workplaces systematically to identify those at highest risk; and help people to assume greater responsibility for their own health. Such a system implies that comprehensive health care will be available to the whole population of each country, to the extent that this is possible given the state of development of that country; its implementation in many countries will require major changes in professional practice and in the organization and financing of the health services.

In addition to primary health care, the strategy consists of three other components.

Promotion of lifestyles conducive to health. Intersectoral approaches are needed to improve the economic and social conditions that influence choice of lifestyle, and information and education might be employed to develop in individuals an awareness of health risks, such as those due to alcohol abuse, smoking and imbalanced nutrition, and of the behavioural changes needed to reduce these risks.

Reduction of preventable conditions. Programmes at all levels are required for the early detection of defects and risk factors, and for the prevention or reduction of communicable diseases, environmental hazards, road accidents, etc.

Mobilization of appropriate support measures. The success of the strategy will require the mobilization of resources over a very wide field. For example, the organization and financing of many health services will need to be changed, research will have to be reorientated, and there are implications for the production and training of various categories of skilled manpower.

These three components, along with the concept of primary health care, are central features of a strategy that thus represents a striking change from the traditional approach of disease identification and eradication, and a reorientation from concern with illness to concern with health. They feature in all the policy and research programmes sponsored by the Regional Office.

5. Regional targets in support of the strategy

The participants were then taken through document ICP/EXM 001/m01/5 and corrigendum, which details the specific targets that have been formulated in support of the regional strategy. These targets represent an attempt to provide policy objectives for the strategy, and are thus intended for the guidance and motivation of Member States.

The main thrusts of the document are determined by the regional strategy, namely: health promotion and prevention, in order to develop, maintain, and use fully the physical, mental and emotional capacities of individuals and not only to prevent illness; equal opportunities to health, requiring that existing inequities both between and within countries be reduced; community participation, to ensure a well informed and motivated community, actively involved in promoting its own health; multisectoral cooperation, i.e. the cooperation of health care with other relevant sectors, such as those to do with agriculture, housing and employment; primary health care as the basis of the health care system; and international cooperation in areas ranging from world peace to the safety of consumer products.

The prerequisites for health were outlined, with emphasis on their interpretation in a European context: freedom from the fear of war; equal opportunities; satisfaction of the basic needs for food, education, water and sanitation, decent housing, secure work and a useful role; and political will and public support. Although detailed consideration would have been outside the scope of the Consultation, attention was drawn to the growing volume of psychological research relevant to these topics, for example on negotiations and the resolution of international crises, on the psychological factors influencing the extent to which "equal opportunities" are made use of, on the psychological components of "decent housing", and on mobilizing public support and action.

The four general outcomes of the strategy were reflected in the targets.

To ensure equity in health. Even within the European Region, major differences exist among countries in morbidity and mortality rates for many conditions, and in access to health care; differences also exist within countries, related to occupational class. One intended outcome of the strategy is to reduce these differences.

To add years to life. This implies the prevention of premature death, three different aspects of which can be identified: life expectancy at birth; age-specific mortality, i.e. life expectancy at particular ages; and cause-specific mortality, which is about the etiology of life-threatening conditions. It was noted that the pattern and causes of premature death were different in Europe and in other Regions, and were often closely associated with lifestyle. Thus, the high incidence of death due to cancer, cardiovascular disease, accidents and suicide was noted, as was the increasing use of alcohol, cigarettes and drugs.

To add life to years. This reflects the opportunity provided for people to lead satisfying and productive lives throughout their lifespan. Again, the European Region is somewhat different from the others in that it has a much higher proportion of its population aged 65 years and over, a group which poses particular problems in this context.

To add health to life. Achievement of this outcome requires a reduction in disease and disability, which in Europe will entail political and professional rather than scientific activity, since the necessary knowledge is already available to eradicate, or reduce the incidence of, many of the major causes of illness and disability; however, this knowledge is not always applied.

6. General contributions of psychology to health for all

After considering the targets, the participants outlined the general ways in which psychologists might contribute to the attainment of health for all.

6.1 Definition of goals

Psychology can help to define the goals of the general programme for achieving health for all. "Non-smoking" and "good stress management" are very specific goals that are appropriate only to limited health programmes. However, psychological research can identify some much more general patterns of behaviour and skills that have been shown to be associated with many aspects of physical and psychological health, and which could thus be used in the definition of the objectives of a wide range of health programmes in different sectors. For example, individuals with adequate social competence, i.e. the ability to obtain the required effects in a social setting, and its component social skills of listening, conversing, accurate expression of attitudes and emotion, etc., have been shown to be less at risk of developing a wide range of mental health problems, of abusing alcohol and drugs, and of using violent behaviour. Social competence can be defined operationally and assessed reliably, and well established methods exist for training children, young people and adults to acquire necessary social skills. The achievement of adequate social competence could therefore be made the goal of intervention programmes, e.g. with schoolchildren, which could be expected to affect a wide range of health-related behaviours. Research has suggested other psychological factors associated with good physical and psychological health, including: positive self-esteem, i.e. the individual's judgement of his/her value; effective personal problem-solving skills, i.e. the ability of a person to identify, define and analyse problems in his/her life, to select and apply appropriate solutions, and to evaluate the outcomes; in the area of emotion, the accurate perception, attribution and labelling of emotions, and their appropriate expression; adequate self-control, i.e. the ability of an individual to increase or decrease the frequency of aspects of his/her own behaviour by setting goals, administering self rewards and punishments, delaying gratification, etc.; appropriate perceived control, which concerns the extent to which a person believes that he/she is responsible for, and in control of, significant aspects of his/her life; in the general area of biological functioning and psychosomatic relations, it is important to be able to monitor, and assess accurately, physical states such as arousal and hunger, and to be able to regulate them effectively and in non-harmful ways. Probably enough is known about the definition and assessment of these psychological abilities, about how young people and adults can be trained and encouraged to develop them, and about the physical and psychological benefits of doing so, for them to serve as the goals of programmes aimed at promoting health.

6.2 Producing effective change

Psychology has traditionally been centrally involved with the study of change (i.e. with the processes involved in the development and modification of behaviour, values, attitudes, etc.), with the methods by which change can be brought about most effectively, and with ways in which change, once established, can be generalized and maintained. The following are among the main areas in which there are substantial bodies of knowledge.

Behaviour change, which includes antecedent influences, such as setting conditions and discriminative stimuli, and consequences such as positive and negative reinforcement, and specific topics such as social learning, imitation and modelling, incentives, motivation, punishment and decision-making.

Social influences and the factors affecting conformity, compliance and obedience.

Persuasion, i.e. the role, in establishing and changing values and attitudes, of variables such as (a) the communicator's prestige, intention and perceived similarity with the person being influenced, (b) the order and style of presentation, (c) the emotional value of the message, e.g. the extent to which it is fear-arousing, and (d) the features of the person being influenced, such as previous experience, age, sex, and reference group.

Psychology of instruction allows many conclusions to be drawn about how the efficiency with which individuals acquire factual information is influenced by personal factors in the learner, such as emotional arousal and memory, by the nature of the information, by how it is presented, and by the nature of the learning process. Knowledge from these and related fields is directly relevant to the design and implementation of programmes intended to give information about health matters and to establish, or modify, health-related attitudes and behaviour.

6.3 Social context

The participants considered the social context of programmes for improving health, in connection with two issues - how to ensure that those individuals who are most in need of programmes do in fact receive them, and how to ensure their adherence to programmes. It was noted that a new area of expertise, social marketing, is being developed within psychology, which employs commercial marketing methods in promoting desirable behaviour, often in the health field.

There was agreement on the importance of integrating health programmes into normal, everyday activities such as education, employment and recreation. Partly, this is because people are often unable to identify in themselves the problems that would indicate the need for them to take action, such as enrolling in stress-reduction or social-skills training programmes. On the other hand, the problems might be identified but misattributed or mislabelled, or inappropriate action taken; or the person concerned might simply be unwilling to admit to having problems. The provision of health education and training as part of other activities in which the target individuals would in any case be engaging, would reduce the need for "self-diagnosis" and would increase the probability that programmes reach those in most need. Such integration is probably also more likely to improve adherence to a programme, since it is possible to build incentives for participation and satisfactory performance into the wider system, to reduce the "social penalty" of participation. Examples of this are allowing employees to attend during working hours, mobilizing the peer group in support of the programme, or bringing about changes in the physical setting to reinforce its effects, such as by having smoking and non-smoking areas differing in comfort. The role of the peer group was identified as being particularly important, and there is an extensive literature on the importance of group norms on the values and behaviour of individuals, and on the effectiveness of group discussion in changing values and behaviour. It was recalled that a well-documented and relevant early example of this was the successful attempt by Lewin, during the Second World War, to change the food buying habits of American housewives.

Examples of course already exist of health programmes that have been integrated into "everyday" settings. Many have focused on the family. Others have been based in kindergartens, schools and further education establishments, and include school programmes designed to increase the problem-solving repertoires of pupils and to reduce their self-destructive impulses. Several programmes have been reported from commercial or industrial firms, intended for the entire workforce. Some leisure and sports centres also provide health and lifestyle education and training. However, the importance was emphasized of evaluating the effects of programmes in these different settings. Thus, while there is clear evidence that a child's experience in the family has a very important influence on his/her development, and family variables have been shown to be associated with the development of intelligence, educational attainment, delinquency, various psychiatric disorders, etc., there is very much less empirical support for the deliberate use of the family as a vehicle for producing desirable change. In other words, although the family can cause problems, it is not yet clear from research to what extent these may best be prevented, reversed or compensated for by action taken within, as opposed to outside, the family.

Four other general points were made about the social aspects of change.

1. The importance was stressed of obtaining evidence about the relative effectiveness of programmes that concentrate on a single goal, e.g. reducing smoking, as opposed to those that comprise several related themes with a variety of goals, e.g. reducing smoking but also increasing exercise, improving driving, etc.

2. The importance was emphasized, in evaluating programmes, of assessing not merely the attainment of the specific programme goals but also the wider consequences, since these might be different. It was noted, for example, that although seat-belt legislation had reduced injuries to

drivers, in some countries it appeared to have increased accidents to pedestrians, possibly because drivers, feeling safer, drove faster.

3. It was suggested that the theme in several documents associated with health for all, that of removing blame from the individual and substituting the responsibility of society, would be counterproductive if it encouraged people to take no responsibility for their own actions. For example, casualties among child pedestrians will be reduced only if drivers assume greater responsibility for avoiding accidents. Indicating responsibility ought not to be seen as implying blame but rather as akin to formulating a hypothesis about how to achieve some outcome and about where an intervention is likely to be most effective.

4. The participants welcomed the emphasis in the target document on policies within the health sector being reinforced by policies and programmes in other sectors. In many areas, the conditions and reinforcement provided by the law, fiscal policy, social values, etc. operate in contradiction to, and are more powerful than, those associated with health promotion programmes.

6.4 Design of prevention programmes

Psychology can contribute to the timing, presentation and content of prevention programmes. For example, the usefulness of programmes that focus on children in effecting long-term change is influenced in part by the relationships between childhood and adult behaviour; knowledge of some of these relationships is available from developmental psychology. Further, research suggests that there may be "critical periods" for the development of relevant behaviour patterns such as smoking and eating habits which, if they can be identified reliably, could obviously guide the timing of interventions. Developmental and social psychology are also relevant to the mode of presentation of prevention programmes by indicating, for example, which sources of information are most likely to influence children. Psychology is also in a strong position to advise on the content of prevention programmes, i.e. what information, advice and skills should be included in a programme to improve control of stress, or to encourage healthy eating habits.

6.5 Specific interventions

There are many examples in the psychology literature of the application of well established techniques to individuals and groups to promote all the positive health behaviours specified in target 16, and to reduce all the injurious activities referred to in target 17. For example, relaxation and stress management methods have been shown to be effective in the treatment of essential hypertension; alteration of Type A behaviour has been achieved by a "package" of psychological methods, including self-monitoring and cognitive and environmental restructuring; training in social and problem-solving skills is employed with clients who abuse alcohol and drugs; contingency management methods are used to increase exercise; and biofeedback is used in the control of pain. There are many other examples.

6.6 Assessment and research

Finally, the psychologist's skills in assessing and measuring, and in research design and programme evaluation, are relevant to prevention, treatment and research over the whole range of areas with which the targets are concerned.

7. Contributions to specific targets

The participants noted the relevance of psychology to many of the specific targets that had been formulated to define the outcome of the strategy.

7.1 Life fulfilment (target 2)

Target 2 involves providing people with the opportunity "to live socially and economically fulfilling lives". There is of course a psychological component to "life fulfilment", and progress has been made towards defining and measuring some of its dimensions. Moreover, the specific goals that people, individually and collectively, set themselves are often poorly formulated and are hence more difficult to achieve than if they had been precisely defined; they may have implications that are not fully elaborated and understood even by the people themselves, let alone by those policy-makers who act on their behalf. Psychologists are particularly skilled at assisting individuals and groups to identify and define their life goals, and to plan how they might best be achieved. The goals and needs of different groups within society might conflict; social psychology provides models and methods that might enable such conflict to be resolved with greater mutual benefit. People are often dissatisfied with their lives because of their failure to realize their full potential; psychologists are skilled in helping people to identify alternative goals more appropriate to their abilities and needs.

7.2 Accident prevention (target 11)

The field of accident prevention is one in which considerable progress has already been made. Research into the causes of accidents, and programmes of accident prevention, are already firmly established in the Region. The influence of psychological factors on accidents is well documented, among those implicated being: attentional factors including vigilance; perceptual distortion; cognitive set; motivational factors; anxiety; and social isolation and stress. Psychological research has influenced the design of equipment, vehicles, etc., and has been used in programmes to educate the general public, or specific target or vulnerable groups identified by research, about potential hazards and good safety practice. These improvements and programmes, whose influence has often been buttressed by law, have succeeded in greatly reducing the incidence of many types of accident, e.g. most types of occupational accident within the Region. Where this has happened, it is unlikely that further significant improvement will result merely from applying existing methods more extensively or vigorously; instead, a reconceptualization of the problem will be required. To illustrate this point, the case of accidents involving motor vehicles and child pedestrians was considered. The peak incidence of these accidents is between the ages of five and seven years and the generally accepted explanation, even by the children themselves, is that children of this age tend to be inattentive of oncoming traffic and attempt to cross streets at inappropriate times and places. Preventive methods have therefore concentrated solely on the children themselves, e.g. by educating them in the dangers of traffic and to "stop and look" before crossing, and by providing protected crossing places. However, when behavioural analyses were carried out, based on systematic observations of children in traffic, it was shown that whereas children were clearly anticipating the possibility of an accident, and were taking appropriate avoiding action, drivers were not. Drivers did not appear to anticipate the possibility that a child might step onto the road. When they saw children at the kerb they did not reduce speed or move away from the kerb, and when they saw the possibility of an accident, they usually took action that would have been too late had the child not taken avoiding action. In other words, the entire responsibility for avoiding such incidents was being taken by the child and not by the driver. These observations suggest that further reductions in this type of accident will occur only if the focus of intervention shifts from the child to the driver. It was noted that this approach to the investigation of accidents is typical of the "applied behavioural analysis" approach widely used in contemporary professional psychology.

7.3 Suicide prevention (target 12)

The role of psychologists in discovering the causes of suicide and attempted suicide, and in participating in programmes designed to reduce the incidence, is well documented.

7.4 Disability (target 3)

The contribution of psychology to providing better opportunities for disabled persons was discussed. In some areas there already exists a significant body of work. For example, the methodology of task analysis has been employed for many years by psychologists and ergonomists to aid the development of effective methods of training and instruction, and to assist in the design of equipment and aids intended to overcome the consequences of specific handicaps and disabilities. Similarly, there are many examples of "prosthetic environments", i.e. of entire social and physical settings being designed with the same intention. Following on from target 2, it is important also that disabled people should be assisted to define realistic goals for themselves since, because of their expectations and their attitudes towards themselves, disabled people frequently fail to realize their full potential. Disability can also be maintained by the situations created by other people. For example, methods of teaching or caring for the disabled can create dependency and "learned helplessness". A great deal is known about how to prevent this and how to equip disabled persons with coping strategies and skills which will enable them to minimize the consequences of their disability.

The attitudes and behaviour of other people towards the disabled are especially important, and there is clear guidance in the literature about how best to integrate the disabled into normal society, how to encourage children to adopt positive attitudes towards the disabled, and how to break down stereotypes. There is also a significant role for specific psychological techniques, such as those that enable disabled people to acquire effective social skills, achieve continence and control pain. It was noted that insufficient attention was being paid to assisting disabled people to cope with the "taboo" topics of sexual relations and approaching death.

The point was made that disability included not only the "classical" conditions such as blindness, deafness and physical handicap, but also included patients being sustained on life-support systems, such as those receiving regular haemodialysis, those recovering from major life-threatening conditions such as myocardial infarction, and those with head injury. Patients can

each of these groups frequently have specific psychological problems, the overcoming of which are necessary if they are to achieve a satisfactory life, and many examples exist of psychologists being involved in the rehabilitation and management of such patients. It was also noted that, despite the increasing emphasis on community care, many disabled people will continue to reside in institutions, in which there is a danger that their needs will be subordinated to those of economics, medical technology or the staff. Psychologists have an important role in helping to ensure that the goals of an institution, and its organizational structures and processes, take full account of the needs and wishes of its residents.

Finally, attention was drawn to the increasing awareness of the importance of the psychological perpetuation and exacerbation of chronic physical symptoms. A patient's personality, coping mechanisms and subjective experience can affect response to treatment. The social consequences of the condition are also important, and the medical system tends to elicit and reinforce ways of responding that may be counterproductive in that they prevent the individual from using effective coping strategies, e.g. to overcome pain or to reduce the disability caused by bronchial symptoms. In addition to assisting individual patients, psychologists ought to identify and help to change those aspects of the medical system that encourage psychomaintenance.

7.5 Psychiatric disorder (target 4)

Several of the diseases and disabilities associated with target 4 can be reduced by the changes in lifestyle which are the concern of other targets; discussion of these was postponed until later in the Consultation. However, of the others it was noted that the area of psychiatric disorder provides illustrations of disorders whose prevalence, if not incidence, could be reduced by the more widespread application of existing knowledge. For example, many phobias become chronic because patients are given professional advice, contrary to the volume of research and clinical literature, which encourages them to avoid rather than to confront the anxiety-provoking situation.

7.6 Oral health (target 4)

The effectiveness of public education campaigns in oral health can be improved by applying existing evidence about the psychological characteristics of, and factors influencing, those who do and those who do not attend for regular dental checks. The application of specific interventions, of which models exist, for increasing attendance, increasing the frequency of tooth-brushing, and reducing anxiety can also be of benefit.

7.7 Smoking control (target 16)

As an illustration of an existing programme, that on smoking control was described. Among the aims discussed were: to increase awareness of the problem by Member States, and to encourage improvements in their policies to control smoking; to establish a homogeneous method of data collection; and to mobilize professional groups to work towards producing changes in the policies of their governments and health services. It was noted that smoking was one area where prevention was very much more effective than any attempt to reduce it once the habit and addiction had been established; alcohol abuse and obesity are other obvious examples, the success rate in treatment studies of all three being disappointing.

7.8 Stress management (target 16)

The form and content of a possible mass programme to improve stress management was discussed. This would pose considerably greater problems than, for example, a programme to reduce smoking. A considerable amount is known about reducing stress by psychological methods, and there would be widespread agreement about some elements of the content of a stress-reduction programme. However, large differences exist among individuals in their sources of stress, and in the ways in which it is expressed. Thus, coping with different categories of stress requires different strategies, such as those that require active coping as opposed to those for which the individual must learn to tolerate passively. Individuals exposed to the same stress may react in very different ways - by verbal and physical aggression, by the abuse of alcohol or cigarettes, by developing psychosomatic disorders, etc. Another problem in stress management programmes is that, to maximize their effectiveness, they ought to involve not only information and advice but also some means of training individuals to employ specific, and quite complex, stress management skills. It is very likely therefore, that programmes will be effective only if they include direct face-to-face contact between the subject and the trainer. These groups would allow the programme to be suited to the needs of the individual members, and would also enable them to learn the necessary specific skills. Models exist of programmes that first transmit information and advice through television, followed by group discussion and training sessions. This two-level approach is probably useful over a range of programmes. Television would not always be necessary, as there is evidence that written material is an effective alternative.

8. Medium-term programmes

The principal objective of the Seventh General Programme of Work of WHO, covering the period 1984-1989, was described as that of supporting the implementation of the strategy for health for all. The main programme classification was outlined: direction, coordination and management, concerning WHO policy; health system infrastructure, concerning the development of health systems based on primary health care; health science and technology, concerning the generation and dissemination of valid information on health promotion and care, and on disease prevention and control; and programme support, concerning the financial, administrative and other support for WHO programmes. The relationship was explained between the general objectives of programmes within each category, the specific targets formulated to further progress towards the objectives, and the approaches or activities to attain the targets. It was emphasized that decisions by the Regional Office to support an activity are influenced by the extent to which it was relevant to the general thrust of WHO policy, and in particular of the strategy.

Some individual Regional Office programmes to which psychology is particularly relevant were briefly discussed.

8.1 Health manpower development

This is a long established programme, a major component of which concerns medical manpower and training. Although the Regional Office has mainly a coordinating role, it does attempt to encourage the reorientation of medical education in line with the principles of the strategy and its emphasis on primary health care. In this connection, it might be possible for the Regional Office to work with psychologists to promote the introduction of more psychology into the medical curriculum. It was also possible for the manpower and training requirement of psychologists in the health field, in particular in primary health care, to be considered within this programme. Attention was also drawn to the fellowships programme, which mainly enables health workers from outside Europe to receive training and experience at universities or training institutes within the Region.

8.2 Oral health

The possible contribution of psychology to the programme had been discussed earlier in the Consultation and it was reaffirmed that significant opportunities exist to apply established psychological knowledge, e.g. in the areas of promoting dental self-care and reducing fear of dentistry.

8.3 Accident prevention

The psychological contribution to accident prevention had also been discussed previously. However, it was pointed out that the programme is also concerned in part with major disasters, and that a considerable amount is known about the psychological consequences of these, and of the factors influencing the ability of survivors and rescue workers to take appropriate and effective action. Examples also exist of intervention programmes designed to reduce the long-term psychological sequelae in both survivors and rescue workers.

8.4 Health promotion

The situation analysis accompanying the health promotion programme states that an effective health programme must be based on a clear understanding of the factors influencing the development of a particular lifestyle, of the factors influencing changes in lifestyle, and of the relationships between lifestyle and health. These are of course topics to which psychology is central. One of the approaches specified in connection with this programme is the development of measurements of lifestyle, and it was noted that several questionnaires and other instruments had already been developed by psychologists, both of lifestyles in general and of specific aspects such as "type A behaviour". Participants emphasized that every new measure developed ought to be able to be used, reliably and validly, to compare lifestyles in different parts of Europe, so as to facilitate international cooperative research.

8.5 Health of the elderly

This is part of the WHO global programme for which the Regional Office has responsibility. Psychologists might have a role in developing measures of cognitive and social functioning, and might apply existing psychological knowledge to advise on how, both in institutions and in the community, the cognitive, social and behavioural skills of elderly people can be maintained.

8.6 Disability prevention and rehabilitation

This programme was described as still being at an early stage of development, and it was agreed that there would be merit in psychologists preparing for submission to the Regional Office a statement of their possible contributions to the programme, including those discussed earlier in the Consultation.

8.7 Other programmes

The existing contributions of psychology and psychologists to programmes covering the prevention of the abuse of alcohol and of psychoactive drugs, the reduction of smoking, psychosocial factors and mental health and cardiovascular diseases are well known. It was noted that the description of the alcohol programmes as one of preventing alcohol abuse was not in accordance with contemporary psychological thinking, which is more concerned to promote the appropriate use of alcohol; however, it is anticipated that as the programme develops, this broader perspective will be fully reflected.

The brief overview of the Seventh General Programme of Work thus indicated that while there was an actual or potential contribution by psychology to several programmes, the full contribution had not yet been realized.

9. Country programmes

The psychologists were then introduced to the country programmes, an important although relatively novel part of the work of the Regional Office. Whereas previously funds had been used within the Region to support mainly intercountry activities, some support had now been earmarked for programmes within specific countries, designed to meet their particular needs. For example, mental health programmes were being supported in Bulgaria, Greece, Morocco, Portugal and Spain. In Spain they concerned mental health development in children, community responses to alcohol problems, and psychosocial interventions for stress-related diseases. It was emphasized that within the European Region, as opposed to some other WHO regions, the Regional Office provides only very limited funds in support of country programmes. The main funding and provision of manpower and other resources was the responsibility of the country itself, and the primary role of the Regional Office was to provide technical advice and coordination.

It was noted that, of these five countries with mental health programmes, Portugal was already a member of EFPPA, and it was anticipated that Greece and Spain would apply for membership during 1984. There is a need for EFPPA to establish a framework that would enable the Federation to perform the obvious role that exists in relation to the country programmes - that of alerting its member associations to their potential involvement in such programmes and of promoting and facilitating their establishment.

10. Collaboration between WHO and European psychologists

10.1 Relevance of psychology

The participants agreed that psychology is particularly relevant to the programmes of the Regional Office, especially those concerned with the regional strategy for health for all. As a discipline, psychology is concerned with fundamental research and with the elaboration of general theories and principles many of which are central to the strategy. Psychology is also a profession, concerned with the application of psychological principles and methods to a wide range of practical problems; professional psychologists have expertise in many of the ways of changing and maintaining behaviour upon whose use the implementation of the strategy will depend. Having the unique advantage of being both a discipline and a profession, psychology is therefore well placed to encourage the interaction of theory and practice that is an important feature of the work of WHO. Another relevant feature of psychology is that, while a significant proportion of basic and applied psychology is concerned with clinical topics, the majority of psychologists work in other fields such as social, developmental and cognitive psychology; psychophysiology; and education, industrial and occupational psychology. Psychology is thus well placed to mobilize, and to bring to bear on health problems, a wide range of different approaches, findings and perspectives, and hence to provide the innovative thinking required by the health for all movement. On the other hand, psychology is sufficiently prominent and influential within the health services of many countries to be able to play a significant part in their reorientation. All psychologists have been trained in research methods, evaluation and assessment, and the orientation of psychology is towards the normal behaviour of individuals. Both features conform well to the strategy's emphasis on the need to evaluate programmes and services, and on the promotion of healthy behaviour rather than the treatment of disease. Finally, academic research and professional applied psychology is well established in almost every country in the Region and,

since the founding of EFPPA, a framework for international cooperation exists. For these and other reasons, the participants agreed that it would be important for the success of its programmes for the Regional Office to receive significant and regular advice from psychologists, and for psychologists working in the region to be influenced by the policies and programmes of the Regional Office.

Several topics to do with the possible collaboration of the Regional Office and professional psychologists working in Europe were considered.

10.2 Collaborating centres

The role of WHO collaborating centres was outlined. The agreement designating an institute or department as a collaborating centre implied a commitment by it to a plan of action which would contribute directly to the objectives and programmes of the Regional Office, such commitment having the support of the relevant government. Although no significant, long-term research funds are allocated by the Regional Office to a collaborating centre, its designation might further the possibility of obtaining funds from its own government. Moreover, the commitment by the centre to international cooperation might well encourage other governments and intergovernmental agencies to approach the centre with a view to establishing joint programmes of research, training, or service or policy development. The participants agreed that within the Region there are many departments of professional psychology - some dedicated mainly to teaching and research, others primarily engaged in the provision of services - whose activities are directly relevant to the programmes of the Regional Office. It was agreed that EFPPA would identify these departments and make them aware of the possibility, and potential advantages both to them and to the Regional Office, of their becoming collaborating centres.

10.3 Formal relations

The formal relations between WHO and nongovernmental organizations (NGOs), such as groups of professionals in the field of health, are of two kinds: "official" relations and "working" relations. An NGO applying for admission into relationship with WHO must satisfy a standing committee of the Executive Board that it is concerned with matters falling within the competence of WHO, that its aims conform to the spirit of the WHO Constitution, and that it is international in composition and scope of work; where an NGO is concerned only with Europe, its relationship is with the Regional Office. NGOs in working relations might be invited to cooperate with the Regional Office in the planning and implementation of programmes, might be invited to send representatives to meetings convened by WHO, and might have representatives appointed to expert committees and panels. NGOs in official relations are entitled to be represented, although not to vote, at Regional Committee and Executive Board meetings and to participate in technical discussions. NGOs are envisaged as having an important role in the implementation of the strategy, e.g. by cooperating among themselves to develop research or innovatory service programmes and by influencing the reorientation of the health services called for by the strategy. The participants noted that no body representing psychologists was in either working or official relations with the Regional Office. They agreed that EFPPA appeared to satisfy the criteria and that there would be mutual benefit in EFPPA entering into working relations with the Regional Office. It was agreed that EFPPA would soon be in a position to submit to the Regional Office an information document describing its Statutes, organization, functions and membership, along with a proposed plan of action detailing possible activities to be undertaken by EFPPA alone or in cooperation with the Regional Office or other NGOs.

10.4 Possible activities to be undertaken by EFPPA

The officers of EFPPA reaffirmed that the Federation would give the highest priority to establishing effective collaboration with the Regional Office. Among the activities which might be undertaken are the following.

Research. EFPPA might arrange meetings with other international NGOs to discuss the possibility of developing collaborative programmes of research or service development. EFPPA might, in consultation with the Regional Office, develop its own programme of work on topics relevant to the programmes of the Office. Thus, the achievement of the health for all targets will depend on a substantial body of research being undertaken - into basic issues such as the factors influencing cognitive and behavioural change, or the determinants of lifestyle; into the controlled comparison of alternative, specific techniques, e.g. for reducing stress or encouraging appropriate emotional expression; or into the evaluation of ways of transmitting psychological skills or providing psychological services. While it is not the role of EFPPA to sponsor or undertake research, as a body representing practising professional psychologists it is nevertheless in a good position to advise the Regional Office about where progress towards achieving the targets is likely to be hindered by the inadequacy of existing psychological knowledge. EFPPA might also

advise about research priorities, and about how professional psychologists might be encouraged and assisted to undertake relevant research. Conversely, EFPPA might assist the Regional Office to identify those areas of psychology where research does permit firm conclusions to be drawn, which could profitably be disseminated not only to psychologists but more importantly to other professional and lay groups. Among the particular activities that EFPPA might undertake in this connection are: to promote the organizing of working groups of psychologists to consider specific theoretical or practical topics; and to encourage the editors of psychological journals and conference organizers to devote space and time to matters relevant to the regional programmes. Individual national associations might be invited to assume responsibility for developing relevant specific themes.

Experts. An important activity for EFPPA might be to identify individual psychologists with relevant expertise and sapiential authority, who might be approached by the Regional Office to act as consultants or temporary advisers, or as members of executive or advisory groups such as the European Advisory Committee on Medical Research. In this connection it was noted with disappointment that, despite the relevance of psychology to the work of the Regional Office, no psychologist had yet been appointed to its permanent staff. However, a number of psychologists have been involved, in other capacities, in the work of the Office, and it was agreed that it would be useful for the Regional Office and EFPPA to jointly draw up a list of these individuals so that they might be invited to share their experience with their colleagues. More important, however, would be to identify appropriate psychologists drawn from throughout the Region who had not yet contributed to the work of the Regional Office but who would be willing to do so.

Reorientation of psychology. Possibly the most significant role for EFPPA might be to assist in the reorientation of professional psychology in Europe, on which the success of the strategy will in part depend. There is little doubt that a major reorientation will be required. Thus, the great majority of European clinical psychologists work in hospitals or institutions, assessing or treating conditions that have already developed and which are mainly in the field of psychiatric or psychological disorder. By contrast, health for all demands a much greater involvement in primary health care, and in the prevention of physical disorders and the promotion of health. The main current method of transmitting psychological advice and skills is by direct contact with a client in a one-to-one or small group setting, whereas health for all requires that clinical psychologists pay more attention to ways in which appropriate advice and skills can be made available to large number of people, either directly to the public or through the training of other professional and lay groups. Moreover, it also has implications for other branches of professional, applied psychology. Educational psychologists must, more than at present, concern themselves with ensuring that children acquire not merely the factual information relevant to healthy lifestyles, but develop the necessary emotional, cognitive and behavioural skills and habits. Health for all implies new roles also for occupational and industrial psychologists, e.g. in designing work environments so as to reduce stress, or by facilitating the introduction of health promotion programmes into the workplace. Achievement of this reorientation will require a sustained effort on many fronts, and participants agreed that EFPPA provided the necessary framework. EFPPA might promote the following activities.

- Provision of information. National associations of professional psychology and individual members must be made fully aware of the policies and programmes of the Regional Office, and in particular the health for all movement. EFPPA is in a powerful position to disseminate this information; for example seminars or conferences might be organized at which these policies and programmes could be explained, and articles might be published in the journals of the national associations. EFPPA might ensure that psychologists are made aware of WHO publications and might encourage the translation of selected documents.
- Training. There are also important implications for training, and psychologists will require assistance to acquire the additional skills demanded by their new roles. EFPPA might have the task of encouraging and assisting national associations to provide and promote the necessary training; in addition, since professional psychology is as yet poorly developed in some European countries, EFPPA can facilitate the international cooperation required if psychology is to play a significant part in attaining health for all throughout the Region. Finally, EFPPA might ensure that those universities responsible for the training of professional psychologists are made aware of the knowledge and skills that psychologists will require if they are to play a significant part in the implementation of the strategy.
- Professional issues. If psychologists are to work in new ways and in novel settings, there may be implications for the organization of psychological services and for their financing. The current classification of professional applied psychology into clinical, educational, occupational, etc. might warrant re-examination in the light of the needs of the strategy, since psychologists involved in health promotion or primary health care might be required to draw on the knowledge and skills of all these sub-specialties. Existing ethical codes, which

focus on psychologist-client relationships, might have to be extended. EFPPA might have a major part to play in ensuring that national associations are made aware of these possible implications, by encouraging and facilitating the necessary debate and exchange of information.

11. Conclusions

The participants agreed that the Consultation had confirmed: (a) that psychologists could make a greater contribution to programme development within the Regional Office; (b) that there was a need for professional psychologists working in Europe to be more influenced by the policies and programmes of the Regional Office, in particular those concerned with health for all; (c) that EFPPA provided a framework within which future collaboration between the Regional Office and psychologists could take place; and (d) that EFPPA would commit itself to furthering such collaboration. It was further agreed that EFPPA would make proposals to the Regional Office and to its member associations about how the practical contributions and areas of collaboration identified at the Consultation could be elaborated and developed.

Annex 1

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